

Case Number:	CM15-0009323		
Date Assigned:	01/27/2015	Date of Injury:	11/11/2009
Decision Date:	03/31/2015	UR Denial Date:	12/17/2014
Priority:	Standard	Application Received:	01/16/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Orthopedic Surgery

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 38 year old male who sustained a work related injury to the lower back and right leg on November 11, 2009. There was no mechanism of injury documented. No surgical interventions were documented. There was no discussion of diagnostic reports. The injured worker was diagnosed with L5-S1 disc injury and right lower extremity radiculopathy. According to the primary treating physician's progress report on November 14, 2014, the injured worker experiences persistent aching neck and low back pain radiating to the right lower leg. The injured worker ambulates with a limp and utilizes a cane. His gait is antalgic. Spasm was noted on the right lumbar spine with range of motion. Flexion was demonstrated at 30 degrees flexion, 20 degrees extension, and tilt at 20 degrees bilaterally. Current medications consist of Naproxen and Voltaren cream. Epidural steroid injections (ESIs) times 2 was the only documented treatment modality utilized. There was no discussion of previous therapies noted. The injured worker is on temporary total disability (TTD). No MRI report of the lumbar spine is attached in the 35 pages of documentation. The treating physician requested authorization for L5-S1 Anterior Lumbar Interbody Fusion with AxiaLIF and Allograft, Right L5-S1 Decompression, L5-S1 Posterolateral Fusion W/Screws, Allograft, and a Two Day Hospital Stay. On December 17, 2014 the Utilization Review denied certification for L5-S1 Anterior Lumbar Interbody Fusion with AxiaLIF and Allograft, Right L5-S1 Decompression, L5-S1 Posterolateral Fusion W/Screws, Allograft, and the Two Day Hospital Stay. Citations used in the decision process were the Medical Treatment Utilization Schedule (MTUS), American College of Occupational and Environmental Medicine (ACOEM) and Official Disability Guidelines (ODG).

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

L5-S1 Posterolateral Fusion W/Screws, Allograft: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back-Fusion.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307. Decision based on Non-MTUS Citation Official Disability Guidelines, Low back, Fusion.

Decision rationale: The ACOEM Guidelines Chapter 12 Low Back Complaints page 307 state that lumbar fusion, "Except for cases of trauma-related spinal fracture or dislocation, fusion of the spine is not usually considered during the first three months of symptoms. Patients with increased spinal instability (not work-related) after surgical decompression at the level of degenerative spondylolisthesis may be candidates for fusion." According to the ODG, Low back, Fusion (spinal) should be considered for 6 months of symptom. Indications for fusion include neural arch defect, segmental instability with movement of more than 4.5 mm, revision surgery where functional gains are anticipated, infection, tumor, deformity and after a third disc herniation. In addition, ODG states, there is a lack of support for fusion for mechanical low back pain for subjects with failure to participate effectively in active rehab pre-op, total disability over 6 months, active psych diagnosis, and narcotic dependence. In this particular patient there is lack of medical necessity for lumbar fusion as there is no evidence of segmental instability greater than 4.5 mm, severe stenosis or psychiatric clearance from the exam note of 11/14/14 to warrant fusion. Therefore the determination is non-certification for lumbar fusion.

Right L5-S1 Decompression: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310. Decision based on Non-MTUS Citation Official Disability Guidelines, Low back, Discectomy/laminectomy.

Decision rationale: CA MTUS/ACOEM Low back complaints, page 308-310 recommends surgical consideration for patients with persistent and severe sciatica and clinical evidence of nerve root compromise if symptoms persist after 4-6 weeks of conservative therapy. According to the ODG Low Back, discectomy/laminectomy criteria, discectomy is indicated for correlating distinct nerve root compromise with imaging studies. In this patient there is no MRI report of the lumbar spine present to ascertain the degree of neural compression to support a right L5/S1 decompression. Therefore, the guideline criteria have not been met and determination is for non-certification.

L5-S1 Anterior Lumbar Interbody Fusion with Axialif and Allograft: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back-Fusion.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307. Decision based on Non-MTUS Citation Official Disability Guidelines, Low back, Fusion.

Decision rationale: The ACOEM Guidelines Chapter 12 Low Back Complaints page 307 state that lumbar fusion, "Except for cases of trauma-related spinal fracture or dislocation, fusion of the spine is not usually considered during the first three months of symptoms. Patients with increased spinal instability (not work-related) after surgical decompression at the level of degenerative spondylolisthesis may be candidates for fusion." According to the ODG, Low back, Fusion (spinal) should be considered for 6 months of symptom. Indications for fusion include neural arch defect, segmental instability with movement of more than 4.5 mm, revision surgery where functional gains are anticipated, infection, tumor, deformity and after a third disc herniation. In addition, ODG states, there is a lack of support for fusion for mechanical low back pain for subjects with failure to participate effectively in active rehab pre-op, total disability over 6 months, active psych diagnosis, and narcotic dependence. In this particular patient there is lack of medical necessity for lumbar fusion as there is no evidence of segmental instability greater than 4.5 mm, severe stenosis or psychiatric clearance from the exam note of 11/14/14 to warrant fusion. Therefore the determination is non-certification for lumbar fusion.

Associated Surgical Service: Two Day Hospital Stay: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back- Hospital length of Stay (LOS).

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.